

INSTRUCTIONS
WIA Section 167
Migrant and Seasonal Farmworker - Data Record Format
(revised 3/01)

Section I – PROGRAM INFORMATION
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1. **ETA-Assigned Section 167 Grantee Code** - Record the appropriate 4-digit ETA Assigned identification code.
2. **Field Office Identifier (FIPS Code of State/County)** - Record the FIPS Code of the State and the FIPS Code of the County where the field office is located.
3. **Participant Identification Number** - Record the participant's identification number. Social Security Number (SSN) can be used if the applicant agrees to provide it.
NOTE: Possession of a Social Security Number is not a prerequisite for participation.
4. **Date of Enrollment** - Record the date (YYYYMMDD) on which the individual was determined eligible for the 167 program and began to receive program services except core services that are informational or self-services.

Section II. – CHARACTERISTICS OF PARTICIPANT

5. **Date of Birth** - Record the date (YYYYMMDD) of birth of the participant.
6. **Gender** - - Record the code for: 1-Male 2-Female
7. **Race** - Record the code indicating the participant's race/ethnic group from among the following categories:
 - 7a- **American Indian or Alaskan Native**- A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
 - 7b- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
 - 7c- **Black or African American**- A person having origins in any of the black racial groups of Africa.
 - 7d- **Hawaiian Native or Other Pacific Islander**- A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
 - 7e- **White**- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
8. **Ethnicity**-

1. **Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race. NOTE: Among persons from Central and South American countries, only those who are of Spanish origin, descent, or culture should be included in the Hispanic category. 2. **Not Hispanic**

9. **Qualifies for Sec. 167 Program as a:** - Record appropriate status: 1- Farmworker 2- Dependent or Spouse of a Farmworker. (NOTE: If a participant qualifies as eligible under both categories, use Code 1 - Farmworker.)
10. **Enter FIPS Code of State/County of the Primary Domicile:** - Record the FIPS Code of the State and the FIPS Code of the County of the primary domicile of the participant. (Primary domicile is that location which is established or claimed as the permanent residence of the participant.)
11. **Farmworker Status** - Record status of the participant at the time of intake, as: 1-Migrant Farmworker (or dependent or spouse of migrant farmworker; as defined in the Act), or 2-Seasonal Farmworker (or dependent or spouse of seasonal farmworker; as defined in the Act).
12. **Public Assistance Recipient** - If the participant, at the time of intake/eligibility determination, was listed on the welfare grant and was receiving cash payments from a means-tested, income transfer program or receiving Food Stamps, record appropriate status: 12a – Temporary Assistance to Needy Families(TANF) 1-Yes 2-No 12b – Other Cash Assistance (General Assistance(GA), Refugee Cash Assistance, Supplemental Security Income [SSI/SSA]) 1-Yes 2-No 12c - Food Stamps(Food Stamp Act of 1977) 1-Yes 2-No
13. **Family Size** - 13a. Record number of Individuals in the family under age 18 for whom custodial care is provided (00). 13b. Record number of Individuals in the Family, including the participant (00).
14. **Highest School Grade Completed** - Record the highest educational level completed by the participant, using the following codes:
- 00 - No educational grades completed
 - 01-11 - Number of elementary or secondary grades completed [see note]
 - 12 - High school graduate
 - 88 – Attained Certificate of Equivalency for a high school degree (i.e., GED)
 - 13-15 - If a high school graduate or equivalent, the number of school years completed including college, or full-time technical or vocational school
 - 16 - Bachelor's degree or equivalent
 - 17 – Education beyond Bachelor's degree
- Note: Participants who completed 12th grade but did not receive a diploma or equivalent are to be coded "11".
15. **Student Status at Time of Enrollment** - Record whether or not the participant (adult or youth) is attending any school (including elementary, intermediate, junior high

school, secondary or postsecondary, or alternative school or program whether full- or part-time), or is between school terms and intends to return to school. 1-Yes 2-No

16. **Labor Force Status at Entry** - Record the appropriate code indicating the labor force status of the participant at time of intake, whether employed, or not employed.

An employed individual is one who, during the 7 consecutive days prior to intake,

- a. did any work at all (at least 1 hour) as a paid employee, or
- b. worked in his or her own business, profession or farm, or
- c. worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or
- d. is one who was not working, but has a job or business from which he or she was temporarily absent because of vacation, illness, bad weather, labor-management dispute, or other family or personal reasons, whether or not they were paid for the time off or were seeking other jobs.

Not Employed – An individual who does not meet the definition of employed.

1-Employed 2-Not employed

17. **Preprogram Earnings During the 12-Month Eligibility Determination Period:** - Record total preprogram earnings of the participant during the 12 months eligibility determination period. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, commissions or overtime pay earned (00000). Record "(000)" if there were no earnings during this period.

18. **Unemployment Insurance Status:** - Record the participant's UI status in one of the following categories:

1. Claimant - An individual who has filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal unemployment insurance programs, and who has not exhausted benefit rights or whose benefit period has not ended.

2. Exhaustee - An individual who has exhausted all UI benefit rights for which the applicant has been determined monetarily eligible, including extended supplemental benefit rights.

3. None - Neither category above applies.

19. **Veteran Status:** - Record whether or not the participant served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable 1-Yes 2-No

- 200 **Additional Barriers to Employment** - Record all the appropriate codes for the following categories as they apply to the participant.

20a. **Limited English Language Proficiency** - Inability of a participant, whose native language is not English, to communicate in English, resulting in a barrier to employment. 1- Yes 2- No.

- 20b. **Offender** - An individual (adult or juvenile): (1) who is or has been subject to any stage of the criminal justice process, for whom services under WIA may be beneficial; or (2) who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. 1- Yes 2- No.
- 20c. **Homeless (including runaway youth)** - An individual who lacks a fixed, regular, adequate nighttime residence; or any individual who has a primary nighttime residence that is a public or private operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. Also included runaway youth. The term does not include a person imprisoned or detained pursuant to an Act of Congress or State law. Participants who may temporarily be sleeping in a shack or in their car/pickup while away from home should not, as a result of that alone, be recorded as homeless. 1- Yes 2- No.
- 20d. **Displaced Homemaker** - An individual who has been providing unpaid services to family members in the home and who: (a) has been dependent on the income of another family member but is no longer supported by that income; and (b) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. 1- Yes 2- No.
- 20e. **Lacks Significant Work History** - An individual who had not worked for any nonagricultural employer for longer than three (3) consecutive months in the 24 months prior to intake. 1- Yes 2- No.
- 20f. **Long-term Agricultural Employment** - An individual who has engaged in agricultural work as the primary source of income for a minimum of four (4) years prior to intake. 1- Yes 2- No.
- 20g. **Pregnant or Parenting Youth** - An individual who is under 22 years of age and who is pregnant, or a youth (male or female) who is providing custodial care for one or more dependents under the age of 18. 1- Yes 2- No.
- 20h. **Substance Abuse** - An individual with an alcohol and/or drug problem, which constitutes or results in a substantial barrier to employment. 1- Yes 2- No.
- 20i. **Lacks Transportation** - An individual who lacks access to adequate public and adequate/reasonable private transportation services, resulting in a barrier to receiving training or accepting employment. 1- Yes 2- No.
- 20j. **Single Head with Dependents Under Age 18** - A single, separated, divorced, or widowed individual who has responsibility for one or more dependent children under age 18. 1- Yes 2- No.
- 20k. **Individual with a Disability** - Any individual who has a physical (motion, vision, hearing) or mental (learning or developmental) impairment that substantially limits one or more of such person's major life activities and has a

record of such an impairment, or is regarded as having such an impairment. 1- Yes 2-No

- 20l. **TANF Exhaustee:** An adult or youth who received assistance under the TANF program and eligibility for TANF is exhausted in the individual's state of residence. 1- Yes 2- No.

21.

Basic Literacy Skills Deficient- Record whether or not the participant is a person who meets the State or local level definition of basic literacy skills deficient. This definition must include a determination that an individual (a) computes or solves problems, reads, writes or speaks English at or below grade level 8.9; or (b) is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society. 1-Yes 2-No.

- 220 Reading Skills Grade Level - 22a.** Record the grade level equivalent in English (Spanish in Puerto Rico) reading at which the participant is functioning at program entry as determined by a generally accepted standardized or criterion-referenced test (administered within the last 12 months) or a school record of reading level (determined within the last 12 months). The format is (00.0). Enter 99.9 if the participant refused testing or was administratively exempt from objective assessment (e.g., a training-related services only participant). Note: No reading test is required for individuals with a four-year college degree or above (BA, MA, Ph.D., etc.). **22b.** Enter Name of Test: (000000000). Note: Enter name of test whether or not a grade-level equivalent can be provided.

- 230 Math Skills Grade Level - 23a.** Record the grade level equivalent in computational (math) skills at which the participant is functioning at program entry as determined by a generally accepted standardized or criterion-referenced test (administered within the last 12 months) or a school record of math level (determined within the last 12 months); The format is (00.0). Enter 99.9 if the participant refused testing or was administratively exempt from objective assessment (e.g., a training-related services only participant). Note: No math test is required for individuals with a four-year college degree or above (BA, MA, Ph.D., etc.).

23b. Record the name of the test used. Note: enter name of test whether or not a grade-level equivalent can be provided.

Section III. - Training & Educational Activities & Related Services
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This section provides a record of the type and amount of education, training and supportive services a participant receives while in the program.

- 24. Date of First Intensive Service-** Record the date (YYYYMMDD) the participant began receiving Intensive Services (which include specialized assessments of skill levels, diagnostic testing, development of an individual employment plan, group or individual counseling, case management for participants seeking training services, work experience, and short-term prevocational services). Leave blank if the participant did not receive intensive services.
- 25. Date of First Training Service-** Record the date (YYYYMMDD) the participant began receiving Training Services (which include, but are not limited to,

occupational skills training; OJT; skill upgrading; entrepreneurial training; job readiness training; and remedial reading, writing, or communication skills training). Leave blank if the participant did not receive training services.

- 26. Enter Actual Total Hours-** Record the number of hours (funded by Section 167 grant) the participant spent in each of the following categories: (Note: enter 0 if the service was not provided)

26a. **Basic Skills Training** - Training that includes, but is not limited to, remedial reading, writing, communication, mathematics and/or English for non-English speakers. 26b. **Occupational Skills Training (Non-OJT)** - Training, including vocational education and classroom training, designed to provide individuals with the technical skills and information required to perform a specific job or group of jobs. 26c. **Integrated Basic/Occupational Skills Training** - A training program which combines elements of both Basic Skills Training and Occupational Skills Training (Non-OJT) as described immediately above. 26d. **On-the-Job Training (OJT)** - Training by an employer that is provided to a paid participant while engaged in productive work in a job that: (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and (c) is limited in duration appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant as appropriate. 26e. **Work Experience** - A short-term or part-time work activity that provides an individual with the opportunity to acquire the skills and knowledge necessary to perform a job, including appropriate work habits and behaviors.

- 27. Worker Safety Training** - Record whether or not the participant received any training which consists of instruction in any of the following: safe and proper ways to operate or maintain machinery, safe handling and use of toxic chemicals, proper use of protective clothing and devices, first aid, or other topics related to worker safety on the job site. 1- Yes 2- No.

- 28. Enrolled in a program or activity leading to an educational or occupational credential or license-** Record whether or not the participant entered an activity leading to a credential or license. A credential is defined as any nationally recognized degree or certificate or a state/locally recognized credential. Credentials will include, but are not limited to, a high school diploma, GED or other recognized equivalents, postsecondary degrees, recognized skills standards and licensure or industry recognized certificates
1- Yes 2- No.

- 29. Occupational Skills Training Code/Type** - For the occupation for which training was received and recorded under Items 26b-d above, determine and enter the occupational code (and whether DOT, OES, CIP, CENSUS or Other). NOTE: If training was provided for more than one occupation, record the code for the last significant occupational training. 29a. **Type** 1. 5-digit OES code
_____ (Enter Code with no punctuation.)

- 30. Services Received** - For each of the following related assistance services record whether or not the services were provided. Only consider those services that were received while an individual was a participant.

2. 5

- 30a. **Transportation** - transportation (public or private) assistance or cash paid to participants or members of their families for the purpose of transportation.
1- Yes 2- No.
- 30b. **Health Care** - A supportive service that includes, but is not limited to, preventive and clinical medical treatment, voluntary family planning, and necessary psychiatric, psychological and prosthetic services. 1- Yes 2- No.
- 30c. **Family Care (including child care)** - A supportive service which helps participants meet their family care needs during program participation. Family care ranges from adult to child care inside or outside the home to after-school programs (inside or outside the home). It usually includes supervision and shelter. 1- Yes 2- No.
- 30d. **Housing, Resettlement, or Rental Assistance** - A supportive service which assists participants in maintaining or obtaining adequate shelter, including utilities, for themselves and their families or relocating in order to accept or maintain employment or to obtain education or training while they are participating in the program. 1- Yes 2- No.
- 30e. **Nutritional Assistance** - A supportive service(s) that includes the provision of food and other nutritional assistance (other than counseling) to eligible program participants and their dependents. 1- Yes 2- No.
- 30f. **Translation and Interpretation Services** - A supportive service which involves a bi-lingual agent who hears or reads the language of one party and speaks or writes another language for another party. One of the two parties will be a program participant.
- 30g. **Other** - Any other appropriate supportive service provided that is not listed above. 1 - Yes 2 - No.
- 310 Was participant referred by a One-Stop Center to the Section 167 grantee?**
Record 1- Yes or 2- No.
- 32. Was participant referred to a One-Stop Center by the Section 167 grantee?**
Record 1- Yes 2- No.
- 33. Partner Program Participation** - Record whether the participant is participating in any of the following programs: Record only those programs that are coordinated, possibly through a formal co-enrollment, by inclusion in the participant's service plan or through follow-up services. Record 1- Yes or 2- No for each item below.
33a. WIA Title I State/lo
Investment Programs33f. Trade Adjustment Act (TAA)33g. NAFTA-
TAA33h. Vocational Education (as described in the Perkins Vocational and Applied Tec
Title V of the Older Americans Act of 1965)33m. Employment
and Training programs carried out under the Community Services Block Gra
- 340 Pell Grant Recipient:** Record whether the individual is or has been notified that they will be receiving a Pell Grant. NOTE: This item may be updated at any time while the individual is enrolled in Section 167 services (except follow-up services).

Record yes if the participant received a Pell grant at any time during Section 167 participation. 1- Yes - 2- No

SECTION IV. PROGRAM EXITS & OUTCOMES

This section is concerned with the participant's exit from the program. It includes employment and other outcome information.

- 35. Date of Exit** - Record the date (YYYYMMDD) after which the participant is no longer receiving employment, training or other services (except post-termination services) funded under this program.
- 36. Category of Exit** - Record the appropriate category as defined below: 1. **ONLY Terminee**- Received non-job related core support services or other training-related services, without having received intensive, or training services. NOTE: Individuals who receive training-related services AND intensive, or training services should be coded 1.

Employment and

30 Other Reasons for Exit - Employment and training participant who did not complete the program and exited for other reason, as specified in item 37 below.

37. Other Reasons for Exit:

- 10 Institutionalized** – The participant is residing in an institution or facility providing 24 hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days.
- 2. Health/Medical** – The participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the 167 program. Does not include temporary conditions expected to last for less than 90 days.
- 3. Deceased**
- 4. Entered Advanced Training** – Advanced training is an occupational skills employment/training program, not funded under Title I of WIA, which does not duplicate training received under Title I. Includes only training outside of the 167 program, one-stop, WIA and partner system.
- 5. Entered Post-Secondary Education** – Entered a program at an accredited degree-granting institution that leads to an academic degree (e.g., AA, AS, BA, BS). Do not include as post-secondary education programs offered by degree-granting institutions that do not lead to an academic degree.
- 6. Moved/cannot locate; Voluntary separation; and other.** Need to add something else?

38. **Date Entered Unsubsidized Employment:** Record date (YYYYMMDD) participant entered employment. Leave blank if participant did not enter employment.
39. **For Those Who Entered Employment, Check All that Apply** - Record 1-Yes or 2-No for each category as appropriate.
- 39a. **Entered Qualified Apprenticeship Program** - An apprenticeship program which is operated jointly by an employer and a union, under an agreement with a State Apprenticeship agency.
- 39b. **Entered Military Service** - Joined the Army, Navy, Air Force, Marines or Coast Guard, or, entered into active duty from Reserve or National Guard units in cases of unplanned military buildup.
- 39c. **Self-Employment** - Self-directed work in which goods or services produced by, or obtained by, the individual (or others working for him/her) are offered for sale.
40. **For Those Who Entered Employment, Provide Employment Information** - Record the requested information as appropriate.
- 40a. **Hours Worked per Week** - Record the usual number of hours of work scheduled per week (00), including overtime.
- 40b. **Hourly Wage at Placement** - Record the hourly wage at placement (00.00). Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned.
- 40c. **Fringe Benefits Available/Received** - Record whether or not the employer makes available (or will make available following completion of a probationary period) to the individual (whether or not the individual accepts) fringe benefits consisting of, at a minimum, health insurance benefits and coverage under Social Security or an equivalent pension plan. For individuals holding multiple jobs, this item should be recorded as "yes" if any job provides fringe benefits..1-Yes 2-No
- 40d. **Occupational Code-** 40d(1)- Type of Code- Record the appropriate category as defined below. For individuals who are holding multiple jobs, record the code for the primary job. The primary job is the one associated with the greatest number of hours worked.
1. 5-digit OES code
2. 5 or 6-d
0. NONE
- 40d(2). Occupational Skill training Code(0000000000)_____
- 40e. **FIPS Code-** Enter the FIPS Code of the State where the job is located.

40f. **Job Covered by Unemployment Insurance** - Enter whether or not the job is covered by Unemployment Insurance. 1-Yes 2-No
40g. **Training Related Placements-** 40g(1).

Was Employment Training Related? Training-related employment is employment in which the individual uses a substantial portion of the skills taught in the training received by the individual. Record 1- Yes 2- No
occupation of employment with the occupation of training, comparison of the industry of employment with the occupation of training using valid crosswalks, by a comparison of the job's activities with the skills taught in the training program, or other method. Methods used should be documented. Categories to be used are: 1.

Comparison between occupation codes of training activity and of the job

2. Comparison of the industry of employment with the occupation of training using an appropriate crosswalk
3. Other appropriate method

41. **Entered Non-Traditional Employment.** Employment in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Record 1-Yes 2-No.

42. **Attainment of state-recognized educational or occupational certificate, credential, diploma or degree.** Defined as any nationally recognized degree or certificate or a state/locally recognized credential. Credentials will include, but are not limited to, a high school diploma, GED or other recognized equivalents, postsecondary degrees, recognized skills standards and licensure or industry recognized certificates. Participants may exit the program at any point after services are no longer needed, but no later than the participant's 6-month follow-up date. 1 - Yes - 2 - No

43. **If yes to above, type of state-recognized educational or occupational certificate, credential, diploma or degree.** Record 1-Yes 2- No for each of the following categories below.
43a. High school diploma or equivalent (including GED)
43b. AA or AS diploma or degree

Section V. FOLLOW-UP INFORMATION FOR THOSE PLACED INTO EMPLOYMENT

44. **Employment Status at 6th month follow-up- (for those placed into employment)** 44a. **What was the status at 6 months after placement?** Record the appropriate answer from the choices below: 1.

44c. **If question 44b equals 1, is participant currently employed (at the 6th month follow-up period)?** Record the appropriate answer from the choices below. 1.
wage includes any bonuses, tips, gratuities, commissions and overtime pay earned.
Enter 99.99 for Don't know.

Section VI. ADDITIONAL INFORMATION FOR YOUTH PROGRAM PARTICIPANTS ONLY

- 45. Educational Achievement Services.** Educational achievement services include, but are not limited to: Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies; and alternative secondary school service. Record whether the participant received such services using 1-Yes or 2-No.
- 46. Employment Services.** Preparation for and success in employment services include, but are not limited to: Paid and unpaid work experiences, including internships and job shadowing; and occupational skills training. Record whether the participant received such services using 1-Yes or 2-No.
- 47. Received Summer Youth Employment Opportunities.** Record 1-Yes for youth who received summer youth employment opportunities. If youth did not receive such services, record 2-No. Please note: summer employment opportunities must be directly linked to academic and occupational learning.
- 48. Additional Support for Youth Services.** Supports for youth services include, but are not limited to: Providing mentoring; Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, primarily provided to assist a youth in achieving employment-related success. Record whether the participant received such services using 1-Yes or 2-No.
- 49. Citizen and Leadership Services.** Citizen and leadership services are intended to develop the potential of youth as citizens and leaders and include, but are not limited to: Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours. Record whether the participant received such services using 1-Yes or 2-No.
- 50. Received Follow-Up Services.** Record 1-Yes, Received 12 months of follow-up services, or 2-No, Did not receive 12 months of follow-up services.
- 51. Goal #1 Type.** Record the type of goal:
1. Basic Skills
 2. Occupational Skills
 3. Work Readiness Skills
 4. Unsubsidized Employment
- 52. Date goal #1 was set.** Record the date (YYYYMMDD) on which the first goal was set.
- 53. Attainment of Goal #1.**
1. **Attained** – Attainment of a goal is to be based on individual assessments using widely accepted and recognized measurement/assessment techniques.
 2. **Set, but not attained** – Goals not attained include goals whose anniversary date has passed without the attainment of the goal.

The anniversary date of a goal is the date one year after the date the goal was set.

3. **Set, but attainment pending** – Includes goals that have not been attained, but have anniversary dates after the end of the report quarter. This category also includes goals that have been postponed because of gaps in service where the participant was placed in a hold status during which services were not received, but the participant planned to return to the program.

54. Date Attained Goal #1. Record the date (YYYYMMDD) on which the first goal was attained.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are required to obtain or retain benefits (20 CFR 667.300). The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of National Programs, U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-4641, Washington, D.C. 20210 (Paperwork Reduction Project (1205-0425)).
